ANGLESEY COUNTY COUNCIL

Annual Report

of the

School Medical Officer

for 1948

G. WYNNE GRIFFITH
School Medical Officer
and
County Medical Officer

ANGLESEY COUNTY COUNCIL

To the Chairman and Members of the Education Committee.

I have the honour to present the Thirty-sixth Annual Report on the School Medical Service in the County.

The year under review will be memorable because July 5th, 1948, was the date on which the National Health Service Act, 1946, came into operation. At this early stage it would be presumptuous to assay a judgment on this great measure. I have tried, in the body of the report, however, to examine the place of the School Medical Service in the new framework and to draw attention to certain repercussions which have already followed the appointed day.

The report does not contain detailed reference to unsuitable and insanitary school premises. The Committee will be well aware of the existence of such defects and routine reports on these matters are submitted to the Director of Education following visits to schools for medical inspection. While so much remains to be done in rehousing the population, it appeared invidious to enlarge on the need for school building, particularly as the Authority are pressing forward with their development programme with such expedition as, in all the circumstances, they are permitted to display.

After allowing for grant the School Medical Service incurred an expenditure in 1948 estimated to amount to a rate of 4¼d., and representing a sum of 8/2d. per head of the school population. These figures, it should be noted, include certain charges of a non-recurring nature, such as the cost of hospital in-patient treatment before July 5th.

Dr. Gwilym J. Roberts left at the end of June to take up an appointment on the medical staff of the Welsh Board of Health. I assumed the post of School Medical Officer in mid-August.

It is a pleasure to acknowledge the interest taken in the work by the Chairman and members of the School Children Welfare Committee. I wish also to thank the Director of Education and his department for their valuable assistance, the Superintendent Nursing Officer and the School Nurses for their loyal services and, not least, my professional colleagues and office staff for the excellence of their work and their help in the preparation of this report.

I am,

Your obedient Servant,

G. WYNNE GRIFFITH,

School Medical Officer.

MEMBERS OF THE SCHOOL CHILDREN WELFARE COMMITTEE

Chairman : Mr. H. R. Evans.

Capt. Stanley Davies.	Mr. Hugh Jones.
Mr. W. Davies.	Mr. J. Griffith Jones.
Mr. W. Edwards.	Mr. Llew W. Jones.
Mr. H. G. Elias.	Mr. R. D. Jones.
Mr. Caradoc Evans.	Mr. T. H. Jones.
Mr. David Evans.	Rev. W. Morris Jones.
Mr. O.G. Foulkes.	Mr. R. S. Moors.
Mrs. A. Griffith.	Mrs. J. Morris.
Mr. Cledwyn Hughes.	Mr. W. C. Owen.
Rev. D. R. Hughes.	Mr. R. O. Pierce.
Mr. J. M. Hughes.	Mr. R. Roberts.
Sir Wynne Cemlyn Jones.	Lady Kathleen Stanley.
Mrs. Walter Jones.	Mr. G. Ll. Williams.
Mr. H. Hefin Jones.	Mr. R. P. Williams.

Director of Education : E. O. Humphreys, M.A., B.Sc.

STAFF

School Medical Officer and County Medical Officer of Health :	G. J. Roberts, M.D., B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.P.A., to 30th June. G. Wynne Griffith, M.B., Ch.B., D.P.H., from 13th August.
Assistant School Medical Officer ...	G. H. Browse Roberts, M.A., M.B., B.Ch., B.A.O., D.P.H., L.M.
School Dental Surgeons	Elwyn Jones, L.D.S. C. Rolant Thomas, M.R.C.S., L.R.C.P., L.D.S.
Consulting Ophthalmic Surgeons...	*T. G. Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S. *G. C. Laszlo, M.D. (Budapest), L.R.C.P. (Edin.), D.O. (Oxford)
Consulting Orthopaedic Surgeon...	*B. L. McFarland, M.D., M.Ch., Orth., F.R.C.S., with the assistance of G. I. Roberts, M.B., Ch.B., M.Ch., Orth., F.R.C.S.
Consulting E.N.T. Surgeon ...	*John Roberts, F.R.C.S. (at the C. & A. General Hospital, Bangor).

Physiotherapist	*Miss G. N. Holme, M.C.S.P.
Superintendent of School Nurses ...	*Miss M. Prytherch, S.R.N., S.C.M., Q.N., to 4th July, 1948. *Miss H. V. Parry, S.R.N., S.C.M., Q.N., H.V.Cert., from 12th July, 1948.
School Nurses	*22 Nurses of the County Nursing Association to 4th July, 1948 Mrs. M. Cotgreave from 7/9/48. Mrs. E. Jones from 5/7/48. Miss Eunice Jones from 16/8/48. Miss E. C. Parry from 5/7/48. Miss Rhiannon Parry from 9/6/48. Miss E. C. Pritchard from 5/7/48 One vacancy.
Chief Administrative Assistant ...	William H. Parry.
Clerks	Maldwyn Jones. Miss D. M. Williams. Benjamin Birch (up to 25/10/48). R. J. Jones. †W. R. Roberts. Miss Gwen Williams (appointed 1/11/48).

* Part Time. † With H.M. Forces

REPORT OF THE SCHOOL MEDICAL OFFICER

INTRODUCTION

The year under review saw the operation of the National Health Service. Already there have been repercussions on the School Health Services in Anglesey as elsewhere. Many of these are temporary upsets which will disappear in time, but the inception of the larger service has raised important questions which merit our attention concerning the future relationship of the School Service and the National Service.

As initiated by the Act of 1907 the school medical service had primarily an *inspectorial* function, but it came to embrace from the first certain forms of treatment. This process culminated in the Act of 1944 which in section 48 obliged Local Education Authorities to :

> "make such arrangements . . . . . as are necessary for securing that . . . . comprehensive facilities for free medical treatment are available . . . . (for school children) . . . . . under this Act or otherwise."

The words "or otherwise" anticipated the establishment of a comprehensive medical service for the whole population. The White Paper on "A National Health Service" (1944) for instance stated that :

> "Education Authorities . . . . . will give up responsibility for medical treatment."

when the comprehensive service came into being. Circular 179, issued by the Ministry of Education in August, 1948, on the effect of the N.H.S. on school health work, informed us that :

> "it will be through the facilities of the N.H.S. that authorities will normally discharge their obligation under Section 48."

In many respects, prior to July, this authority discharged its obligations under the section by making appropriate arrangements for the child to receive attention and treatment at hospitals. In this area, this applied for example, to squint operations, E.N.T. conditions, as well as to general medical and surgical (including orthopaedic)

attention. One of the first effects of the new dispensation, therefore, was that these arrangements lapsed. In-patient treatment and out-patient consultation do not now constitute a financial charge on the Local Education Authority. Orthopaedic appliances and spectacles are now provided under other arrangements, and the education authority is not financially responsible except in-so-far as they may be charged for replacement of appliances under certain circumstances.

In certain other respects the education authority's obligations under section 48 were discharged by arrangements not directly connected with hospitals. This applied for instance to orthopaedic, physiotherapy and ophthalmic clinics held on premises other than hospital premises. We are informed that it is the intention of the Regional Hospital Board in due course to take over these activities. Certain other forms of treatment will, however, remain with the education authority, such as, for instance, the school dental service, speech therapy and minor ailment treatment.

It should be stated that the change-over of responsibility was effected with the minimum of disturbance. The services have continued virtually unaltered as far as the persons mostly affected—the children—are concerned. If a child requires removal of tonsils and adenoids he is admitted to the same hospital and operated upon by the same surgeon. A child with defective vision is seen by the same ophthalmic surgeon at the same clinic as before. The book-keeping may have been revolutionized, but the service was not. If spectacular improvements were not particularly noticeable in the hospital sphere, serious deterioration was also happily absent in the second half of 1948. The testing time, no doubt, is yet to come.

As has been stated, the Regional Hospital Board intend eventually to take over those specialist services provided at present outside hospitals and the Board sought information during the year as to nature and extent of these services. The opportunity was taken to suggest to the Board the need for extension in certain directions. These were :

more frequent orthopaedic clinics ;
the provision of a paediatric consultative clinic in the county,
and the provision of an orthoptic service.

We hope that 1949 will see extension in all these directions. The inception of the National Health Service has raised important questions of the future place of the school medical service in the framework of the larger service. The question has been posed in certain quarters—by implication if not in so many words—whether there is need for a

school medical service at all in this new era. Hitherto, education authorities may indeed have provided their own specialist services and made their own arrangements for hospital treatment, but henceforth they will normally look to Regional Hospital Boards for this provision. For want of any alternative it might have been common in the past for Assistant School Medical Officers to undertake work which, although clinically within their capacity, was strictly outside their terms of reference. The working class mother could hardly have been expected to appreciate the niceties of etiquette which permitted the "clinic doctor" to treat Johnny's skin, but not Maggie's chest. So far as she was concerned, both could receive attention at the clinic free of charge. In many areas, the "clinic doctor," whether he liked it or not, found himself obliged to act as a general practitioner for the poorer children. This, too, has changed. New bodies—Executive Councils—have now the task of providing general medical services for all who wish to use them. Children, like all members of the community, are entitled free of charge to the services of a family doctor.

In this new situation, where medical services, both general practitioner and specialist, are freely available in the home and in hospital to all who stand in need, the question is asked, what remains to the local education authority?

In the first place, the school medical service is traditionally concerned with the prevention of disease, and, where prevention is incompletely successful, then with minimizing the resultant disability. Historically, this was the purpose that gave the service being. Prevention frequently, of course, implies early treatment, but an undue preoccupation with treatment in its manifold forms must not be allowed to obscure the purpose which the service was designed to achieve. It is important to realize that no other medical organisation is intended to serve precisely the same ends. The N.H.S. Act has generated many new pieces of medical administrative machinery—Regional Hospital Boards, Hospital Management Committees, Executive Councils. But the Act does not state that any of these bodies have to apply themselves to the prevention of disease as such. The business of a Regional Hospital Board, for example, is "the administration of hospital and specialist services." Any effects in the preventive field, which will in future be ascribed to the activity of a Regional Hospital Board, must perforce be the coincidental result of the exercise of this, their first function.

Prevention, as indicated, calls for the early recognition of departures from normality. To leave the initiative in this matter to parents would be to court trouble, even though the great majority of parents are keenly alive to the interest of their children. These early indications of disease and mal-development must be sought by those skilled in their recognition and experienced in assessing their significance. The only machinery available to do this at the present time is the routine medical inspection of school children and local education authorities are still required to undertake this work. A "defect" once discovered at medical inspection must be corrected or minimized. It may be that the family doctor should be asked to treat the child, or that specialist attention is necessary. Merely to intimate the need for treatment to the parent is not enough. Indeed, the earlier the case is brought to light the less obvious to the layman is the need for intervention. All cases that warrant it must be "followed up" to ensure that appropriate action is being taken. Early in its history the school medical service appreciated and evolved the means to meet this need. The value of the work done by the school nurse is now generally recognized, and no one has suggested that she should be superseded.

Although the Minister of Health is now charged with providing hospital and specialist services for the whole population of England and Wales, and "to such extent as he considers necessary to meet all reasonable requirements," Section 48 of the Education Act, 1944, is still the law. *As far as school children are concerned, the statutory responsibility for securing that comprehensive facilities for free medical treatment are available remains with the Local Education Authority.* At the least, this calls for constant vigilance on their part to see that such facilities are available to the children in their schools, and at the most a readiness, where necessary, themselves to supplement the services provided by the Regional Hospital Board. The section authorizes the local education authority to employ their own specialists, but it goes further: so long as it remains on the Statute Book, they might be obliged to do so. The section is intended to safeguard the interests of the school child. If the Regional Hospital Board cannot adequately provide for those interests, then the local education authority have a duty to make good the deficiency.

The school medical service is something more than a medical service for children aged 5 to 15. It is a medical service for *school* children. Among the several pieces of medical administrative machinery which exist to-day—and the man-in-the-street may be pardoned for thinking that their name is legion—the school medical

service is the one that sees the child in relation to the school environment. The value of this is obvious in many ways. When a child is absent for a significant length of time the school medical service can become aware of that fact through the school attendance officers, and the cause of the absence investigated. Abnormal behaviour in class or at play can be brought to notice by the teacher. When educational progress is retarded, the reason can be sought. The handicapped pupil can be found and helped, medically and educationally, to overcome his handicap. This is, indeed, one of the most important functions of the school medical service, and it is difficult to see what other agency could effectively discharge it. The school medical department, being an integral part of the County Health Department, is able to mobilize the full resources of the latter to aid the child in need. The department is also a repository of information concerning the many agencies, official and unofficial, which might be able to help any particular child. Could individual practitioners, or for that matter, could hospitals be expected to carry all this information?

It will be seen, therefore, that the school medical service has its part to play in the new scheme of things. At the present time, one of the foremost tasks of the school medical officer is to see that his administrative arrangements are integrated into the National Health Service as smoothly as possible. He must co-operate with the family doctor and the hospital, He must be prepared, where necessary, to co-ordinate in unobtrusive fashion, their separate efforts so that always the best interests of the child are served—not only the medical interests of the child, but the best interests of the whole child at a most important phase of his young career. It is the practice never to refer a child for specialist opinion until the family doctor has been informed of the intention to do so and has raised no objection to this course being followed. The family doctor is supplied with copies of specialist reports arising out of such reference. He has always had access to the medical records of children leaving school and coming on to his medical list although, strangely enough, this information is rarely sought.

In certain respects, the future relationship of the local education authority (and the local health authority) to the Regional Hospital Board calls for definition. For instance, normally the school medical service will use the services of specialists provided by the Board. It is true that local authorities are empowered to make their own arrangements with specialists, but in an area such as this there cannot be free choice of specialists on any scale. In practice almost all the available

specialists will be in the employ of the Regional Hospital Board, and their appointment and terms of service are decided by the Board. Obviously local authorities—and this applies to local health authorities no less than to local education authorities—are interested in certain specialist appointments, and in the terms of service of certain specialists if the authority's responsibility in the preventive field is to be translated into effective action. But the Boards reserve these matters to themselves and local authorities, as such, are not represented on the Boards. Indeed, according to the Act, the Regional Hospital Boards are not *representative* of anybody. In the Leeds Hospital Region an attempt has been made to clarify the position of local authorities *vis-à-vis* the Regional Hospital Board. It cannot be said, however, that the Leeds memorandum (as it is called) has commanded universal and unqualified approval. There may be the danger that local authorities and Regional Hospital Boards go their several ways, developing their services without sufficient reference to one another. There is need for a measure of co-ordination here, and for harmonizing conflicting interests. The Act has not established any machinery for this purpose, and this may prove to be a fundamental weakness.

THE RESULTS OF MEDICAL INSPECTION

The school population in the Spring of 1948 was:

Primary and Modern Schools	6326
Grammar Schools	1336
Total	7662

The work of medical inspection is detailed in tables at the end of this report. The statistics reflect a satisfactory state of health among the school population. This opinion is confirmed by other information. During the year there were, for instance, only 5 deaths of children aged 5 to 15 years (a death rate of approximately 0.6 per 1,000 per annum), and three of these were caused by road accidents and other violent causes. Although measles and whooping cough were prevalent, the epidemic position was also satisfactory; there was no diphtheria among children of school age, and scarlet fever was distinctly uncommon. The county was fortunate to escape the epidemic of acute polio-myelitis which prevailed elsewhere in the country in 1947. Last year there was only one case of this disease notified. Full details of notifiable diseases are appended. It should be noted that these figures relate to all ages.

	Urban	Rural	Total
Whooping Cough	70	175	245
Measles	68	311	379
Scarlet Fever	7	14	21
Diphtheria	1	3	4
C.S. Fever	1	—	1
Acute Polio.	—	1	1
Dysentery	—	2	2
Total	147	506	653

School attendance was also good. In the primary schools the average attendance was 89.5 per cent. of the children on register, and in the county secondary schools the percentage was 93 per cent. The figure attained for attendance is obviously compounded of several factors, one of which is the success attending the efforts of the school attendance officers, and another, the attitude taken by Benches of Magistrates towards the offences brought to their notice. Nevertheless, it is submitted that the figures quoted serve to indicate that the health of the school population was satisfactory during the year under review.

At present the Ministry require children in three age groups to be medically inspected. These are the entrants (aged 5 years), the intermediate group (aged 11 years), and the leavers (aged 15 years). There

is a big gap between the first two groups, and a routine inspection at the age of (8—9 years) would be valuable. The authority's arrangements for observation cases and special examinations also leave room for improvement. Regular clinic sessions should be held where examination of such cases could be more frequent and more thorough than at school. If the necessary staff were available it would be open to the authority to seek approval for extension in both these directions.

It is right to refer to the ready help given by the head teachers in the conduct of medical inspections. It is intended shortly to ensure that every school child has a subsidiary medical record card to be kept at the school. Teachers will, I hope, make increasing use of these cards to record matters of medical import that happen to the child in between the visits of the Assistant School Medical Officer.

It is noteworthy that certain diseases were not prevalent during the year. Scabies has become distinctly uncommon, only six cases having come to notice compared with, for instance, 52 cases in 1944. No ringworm was found, and impetigo was almost as uncommon as scabies. As usual, the commonest defects were those of the nose and throat and defective vision. Enlarged cervical glands were frequently noted, usually in association with enlarged tonsils. Other common defects were minor orthopaedic conditions (flat feet and poor posture), and squint. Reference is made below to these matters. Otitis media, in a form which called for treatment, was not common.

GENERAL CONDITION AND NUTRITION

The findings at routine inspection were as follows. Data for 1947 are shown in parenthesis.

ROUTINE MEDICAL INSPECTION 1948—CLASSIFICATION OF GENERAL CONDITION IN PERCENTAGE

	A. (Good)	B. (Average)	C (Poor)
Entrants	3.0 (10)	93.1 (66)	3.9 (24)
Intermediate Group ...	11.5 (13)	74.3 (61)	14.3 (26)
Leavers	31.3 (23)	58.2 (60)	10.5 (17)
Total	11.2 (18)	80.2 (62)	8.5 (20)

The threefold grouping was introduced in April, 1947, prior to which date a classification into four categories was in use. The year under review was thus the first full year during which the present grouping was employed. For that reason the two years are not

strictly comparable. During 1947, too, there was a change of assistant school medical officer which would further serve to complicate the comparison. It is well established that a classification of nutritional status into groups such as these is subject to a large "personal equation." Indeed, so great is the variation introduced by subjective factors that doubt has been expressed as to whether any value attaches to the assessment of a child's general condition in such imprecise terms. Unfortunately there are no data capable of numerical expression which can be readily substituted for our "A," "B" and "C" groupings. Although admittedly an incomplete index of nutritional state, carefully compiled data for height and weight would be of value particularly if related in such a way as to show the individual child's growth in physique.

> Dr. G. H. B. Roberts states that the results set out above show : "the value of school meals and milk, thus proving the wisdom of providing every Anglesey school with a canteen and with a school milk scheme. . . . . The number of grade "C" children of all ages has dropped markedly with a corresponding increase in the "B" grade."

There can be no doubt that milk in school and school meals, coupled with an enlightened food policy for the nation in the years of austerity, have paid ample dividends in the improved health and physique of the children. In this connection it is worth putting on record the growth of the school meals service in the county, and I am indebted to the Director of Education for providing the necessary information. Efforts to provide mid-day meals for children had been made in Holyhead before the war, while one of the first results of evacuation was the opening of further canteens in Menai Bridge and Llandegfan in September, 1939. In 1940 a start was made to operate further school canteens. By the end of that year the authority had adopted a scheme prepared by the late County Architect (Mr. J. Elfed Rees) for the erection of canteens in all schools. As the following table shows, excellent progress was made despite wartime difficulties over labour and materials.

Percentage of all Schools which had a canteen operating at the end of the year.

1940	13.3 per cent.
1941	41.6 „
1942	76.7 „
1943	93.4 „
1944	99.4 „

By 1946 a canteen had been provided in all the schools.

A tribute to this "remarkable lead" was paid in the House of Commons by Mr. R. A. Butler, then Minister of Education, in July, 1942. The number of meals served has also shown a steady increase each year.

Number of meals served in School Canteens.	
1941	141,001
1942	511,290
1943	727,927
1944	803,956
1945	825,106
1946	969,874
1947	1,009,897
1948	1,109,893

The 1948 figure means that on an average every child of school age received 145 meals during the year : or, alternatively, that 70 per cent. of our school children received a mid-day meal every day of the school year.

The Milk in Schools scheme continued to work satisfactorily. The committee will recall that before September, 1946, milk came to the schools from a variety of sources. Some of it was pasteurized, some of T.T. quality, and some raw, undesignated milk. Up to the summer of 1944 some schools were not receiving liquid milk at all and milk powders of various kinds were used in lieu. Since September, 1946, every school has been supplied with pasteurized milk in bottles. There are perhaps not many rural counties who could make a similar claim. During 1948 a daily average of just over 6,000 pupils received milk in school. This represents nearly 90 per cent. of the children actually in school on any given day.

THE WORK OF THE SCHOOL NURSES

The appointment of wholetime school nurse-health visitors was an important step forward taken during the year as the result of the National Health Service Act. The scheme approved by the Minister for implementing Section 24 of that Act provided for an establishment of 8 such officers, and by the end of the year 7 of the posts had been filled. Up to the time when these new officers took up their appointments the work of school nurse devolved, as hitherto, on the district nurses. The tables printed below give some indication of the volume of work done by these valuable members of the staff.

	No. of schools in district	Total average attend'ces	No. of pupils examined	No. of visits to homes	No. of visits to schools
Amlwch	8	844	13,144	128	314
Beaumaris	10	952	7,902	439	230
Bodorgan	7	610	7,231	334	229
Holyhead	8	1,949	14,106	562	266
Llanfechell	10	680	7,703	138	273
Llangefni	8	810	9,379	174	268
Menai Bridge	9	886	8,395	551	263
Total	60	6,731	67,860	2,326	1,843

Uncleanliness of person and clothing is often detected, and increasing use has been made during the year of the machinery laid down in Section 54 of the Act as is shown in Table V. Occasionally complaint is heard of the inadequacies of the soap ration, particularly in some areas where the water is unduly hard.

ORTHOPAEDIC CARE AND AFTER-CARE

Mr. Bryan McFarland reports that :—

"The Orthopaedic Service of Anglesey has continued to work very satisfactorily during 1948.

"Little, if any, avoidable crippling defects still persist in Anglesey. . . . . This seems to be an appropriate time to assess the value of the work done for crippled children by the Anglesey County Council during the last twenty years. Perhaps three conditions will suffice to indicate the level of achievement :

1. The average age of detection of congenital dislocation of the hip seems to me to be a third of what it was in about 1930. The importance of this lies in the fact that up to eighteen

months a cure can almost be guaranteed, and after two years the proportion drops sharply until at five years a cure is most unlikely.

2. The untreated congenital club foot, which demands a cutting operation to make the best of a bad job, has practically disappeared. Instead the patients are seen as little babies and treatment by gentle and non-operative means yields almost normal feet.

3. Twenty years ago rickets used to be a very common disease causing knock-knee and bowlegs and faulty hips. I have not seen a case of rickets in Anglesey clinics for the last five years. It has practically disappeared. This is a supreme example of cure by prevention.

"It must not be imagined that these results have been obtained without a great deal of hard work. The greatest credit probably goes to the County Nurses, who have managed to educate and assist and instruct the parents in districts which are very inaccessible in comparison with most parts of the mainland. Credit is due to many other people, and perhaps not least of all to Mr. Parry, whose knowledge and understanding of the people has procured their co-operation.

"The Anglesey County Council and its Education Authority have every reason to be extremely proud of their achievement. It will be difficult if not impossible for any authority to equal let alone surpass it."

During the year, Mr. G. I. Roberts, M.Ch., Orth., F.R.C.S., was appointed orthopaedic surgeon to the C. & A. Hospital area, and latterly he has undertaken much of the routine work of the clinics, thereby enabling Mr. McFarland, when he visits, to concentrate his attention on the more serious cases which Mr. Roberts brings to his notice. This arrangement should have the advantage of allowing routine clinics to be held more frequently, enabling patients to be kept under closer supervision and the sessions to be less crowded.

As was stated above, the Welsh Regional Hospital Board intend eventually to take over the orthopaedic after-care clinics which are held at present under our aegis. This transfer must not be allowed to result in these clinics losing their bias towards prevention. They have a highly individual function to perform in preventive orthopaedics, which must be kept distinct from a general physiotherapy service for the adult population. As far as possible, too, it is hoped that their administration will be left to the school medical department who have long experience in this specialized work.

Meanwhile, Miss G. N. Holme has had a busy year, as the appended statistics testify :

Centre	No. Visits	No. Children	No. treatments	No. Classes	No. chn in classes	Home visits	U.V.R. treatments	No. of children
Holyhead ...	44	90	570	82	28	3	910	69
Llangefni ...	38	36	217	9	9	19	—	—
Amlwch	39	40	253	11	6	7	—	—
Beaumaris ...	38	30	124	23	8	36	42	7
Menai Bridge	21	16	56	11	5	12	137	17
Total ...	180	212	1220	136	56	77	1089	93

She reports :

"About 100 minor cases, besides the usual average number of orthopaedic cases seen by the visiting surgeon, have been sent for treatment to the physiotherapy clinic by the School Medical Officer, as well as a list of 150 cases for courses of U.V.R. It is now customary at Holyhead for this treatment to be given twice per week during the winter months, and thus it will be possible for every child on the list to have at least one course of treatment before the end of the winter. Members of the Holyhead St. John Ambulance give valuable help at these clinics. For the first nine months of the year cases for Heswall had a very long wait for admission owing to fabric reconstruction at the children's hospital. In the last three months, however, the waiting list has been worked off. Health visitors only came to Anglesey late in the year, but the co-operation which in former times has been efficient between district nurses and the physiotherapy service is beginning to be built up in the new scheme, and will be developed in 1949.

"All 5 physiotherapy centres are now on the electric supply and only need another lamp to make U.V.R. available throughout the county.

"Parents are encouraged to use suitable work and games and shown how to instal simple apparatus for the daily use of the crippled child at home.

"It is illogical that the clinics are not fitted up with the simplest apparatus and suitable fittings. There is much to be done in this field during the coming year."

Although the major crippling defects are becoming uncommon minor orthopaedic defects, such as poor posture and flat feet are decidedly prevalent (as Table II. shows). On the question of footgear, Dr. G. H. B. Roberts makes the comment :—

> "The footgear situation is not as satisfactory as could be desired. Children are often found in wet weather to have no alternative shoes to wear to the gumboots worn on their way to school on wet mornings—this tends to lead to later foot defects. Additionally it is often noted that in warmer weather children either wear the more pliable, non-supporting type of sandal all day (i.e., in school and out of school), or else go a stage worse by the constant wear of plimsols (sometimes with disastrous effects). A combination of misguided—but well meant—parental consideration for "comfort," of non-availability of shoes in the shops, and of cost, is probably the reason for this footwear defect."

The mothers deserve sympathy. To provide good quality footgear for a growing family is an expensive business these days, and good quality boots and shoes are not always easy to obtain.We may be pardoned perhaps for taking solace in the fact that the barefooted child at all events is now rarely seen. This prevalence of poor posture and flat feet raises another question. Both conditions are indicative of poor muscle tone, which might be described in popular parlance as chronic fatigue. Poor nourishment of the body musculature may be a causative factor, but inadequate rest is another. Insufficient hours of sleep, one suspects, is not uncommon, and only too often under present day housing conditions, sleep even when of adequate duration is not always efficient as rest.

PHYSICAL EDUCATION

I append the report of the physical training organisers :

> "Steady progress has been maintained in physical education in the Anglesey schools during 1948. The teachers are enthusiastic and greater interest has been very evident in outdoor games.
>
> "Many school playgrounds were re-surfaced during 1948, and the excellent surface provided has helped considerably to improve the work in these schools. It is hoped that other schools will in due course be given equal facilities. A good, even surface and suitable light footwear are the first essentials for physical training lessons. Further supplies of plimsol shoes will give a further stimulus to the interest already shown by teachers and pupils.

"The apparatus available in most schools is inadequate. Headteachers have made every effort to purchase equipment but prices are very high and it is difficult to keep up replacements and increase their stocks. Present day physical training lessons, with more informal work and objective activities, demand much more small apparatus than is at present available.

"The opening of further secondary departments during the year has made it possible to segregate boys and girls for physical training, which is of great advantage. Unfortunately, none of these schools has indoor facilities, and during wet weather no physical training can be taken. The teachers in these schools are making every effort to improve the standard of the work. The playing fields now available for most of these schools make it possible to play the major winter games under suitable conditions. Some form of maintenance, such as frequent cutting, rolling and top dressing, will be necessary before cricket can be played.

"On February 24th a series of classes gave demonstrations of physical training at the Holyhead Town Hall. Parents of children taking part, as well as all teachers, were invited to the afternoon and evening sessions. All the schools in Holyhead contributed to this demonstration, and all phases of work, from infants to the upper forms of Grammar Schools, were shown. The standard of work was high, and the classes, without exception, reflected great credit on the teachers who had trained them.

"Great efforts were made by teachers and parents to find suitable dress for all the children taking part, and the result was pleasing. The co-operation of the parents in this respect has helped considerably in getting the children in these schools to discard outer garments during physical training lessons.

"During the summer term instruction for teachers in the game of rounders was given in four different centres in the county. The game was played with great enthusiasm in all the schools during the term, and the inter-school tournaments organised in July and September were enjoyed by pupils and teachers. One special feature of these was the admirable spirit in which these games were played. The teams displayed good sportsmanship and skill in ball handling.

"A half-day session in athletic coaching for teachers in secondary schools was held at Llangefni County Secondary School on Saturday, May 1st.

"Every Wednesday evening in March, and again in October and November, a course for women teachers was taken by the woman organiser at Holyhead County Secondary School. Interest in dancing, infant and junior activities has increased considerably as a result of this course.

"The Anglesey Secondary Schools Sports Association is a very active body which has done much to stimulate interest in games and athletics in the county. The annual inter-schools Athletic Meeting was held at Beaumaris County Secondary School on Saturday, May 8th. The favourable weather and spacious playing field helped to make this an unqualified success. As a result of this meeting a county team was chosen and trained to compete in the National Sports Meeting held at Wrexham. The County Hockey team did well in winning against the Caernarvonshire team. This season the Anglesey Boys' Football XI (under 15 years) have done extremely well against teams that have been established for many years. Fixtures have also been arranged for the Schools' Senior County XI. We would like to pay tribute to the work of the teachers who have given freely of their time to train these teams and, in particular, to the untiring work of the Secretary of the Association, Mr. J. A. Young, Llangefni County Secondary School.

"We would like to express our appreciation of the assistance given us by the Committee and the Director of Education. Again we wish to thank the Headteachers and staffs of the schools for their co-operation during the year."

E. LLOYD DAVIES.
B. HAVARD JONES.

DEFECTIVE EYESIGHT AND SQUINT

Dr. G. C. Laszlo reports :

"There were thirty-one ophthalmic clinics during 1948, held at Llangefni, Holyhead and Amlwch, at which 548 children were seen.

"A great majority of them were in need of corrective glasses. There were very few with pathological conditions, and none with notifiable disease.

"The lack of the services of an Orthoptist was keenly felt, but there is hope that the Hospital Management Committee will appoint an Orthoptist, whose services will then be available for Anglesey children."

It is hoped that the position concerning orthoptics will improve in 1949. Meanwhile, 5 children were operated upon for squint during 1948 (compared with 11 in 1947). At the end of the year 5 cases were awaiting admission to hospital for this operation.

The ophthalmic service was the first department of school medical work to feel the impact of the National Health Service after 5th July. Up to that date the Local Education Authority had arrangements with the surgeon for examining cases, and with a firm of dispensing opticians for providing glasses when prescribed. These arrangements worked very well. From the date of the prescription to the date of receipt of glasses by the child was only 14 days. Thanks to the ready co-operation of the ophthalmic surgeons appointments have been arranged with little additional delay since 5th July. But it soon became clear after the appointed day that there was considerable delay in the dispensing of children's glasses. Indeed, at the end of the year 25 per cent. of the children who had had glasses prescribed were awaiting delivery. Two-thirds of the children who had glasses prescribed towards the end of the year were still waiting to receive them six months later. In this respect there has been progressive deterioration in the service since July, due no doubt to the inordinate demand made on the ophthalmic service by the general public. I consider, however, that in children, delays of this order of magnitude are a serious matter. Changes in the refractive error occur not infrequently during childhood, so that new glasses have to be prescribed in some cases as often as once every year. Children may also develop eye-strain rapidly at certain times, e.g., at puberty or when studying for examinations. In these cases, a delay of months in obtaining glasses detracts considerably from the value of the service. It seems essential that priority must be accorded to prescriptions relating to children, and that executive councils and manufacturers should be instructed accordingly.

In another respect, too, the present ophthalmic arrangements appear to me to be potentially retrograde. A school child, just as any other member of the community, may obtain, where appropriate, Form O.S.C.1 from his family doctor. This certificate entitled him

to use the Supplementary Ophthalmic Services, and on the back of the form it states :—

> "You may take this medical recommendation to any Ophthalmic Medical Practitioner, or to any Ophthalmic Optician . . . . and he will test your sight."

Informed medical opinion tends to the view that an ophthalmic optician should not undertake the examination of children's eyes. It is well established that a refraction in a child, unless performed under a mydriatic (atropine for choice) is valueless, and the optician is not permitted to use these drugs. Defective vision in a child is not infrequently symptomatic of some general disease. This obtains often enough to warrant every case being seen by an eye specialist.

Prior to July, the Education Authority in this county offered the parents the services of an ophthalmic surgeon free of charge. There was therefore little danger that parents would at their own expense consult an optician. This is no longer the case, and a parent is at liberty, if he obtains Form O.S.C.1, to consult an optician if he so wishes. Hitherto, fortunately, only some score of school children have sought glasses via the opticians rather than through the school service. This is so because, I believe, general practitioners are advising parents to take their children for attention through the school medical service, and also because the school service *at the present time* is able to offer an earlier consultation than the opticians. Should the general demand on the opticians' time fall off considerably, I fear an increase in the number of children who attend them rather than the ophthalmic surgeon. Where the school service is adequate could not children of school age be forbidden resort to the supplementary ophthalmic service provided for the general public?

DISEASES OF THE EAR, NOSE AND THROAT

Mr. John Roberts reports as follows :

> "Tonsils and adenoid and other operations were carried out in ever increasing numbers, and the consultations for difficult or unusual cases proved interesting and, I trust, useful.
>
> "What the position will be in the future it is difficult to say now that the State has taken over all hospital work, but it is quite clear that unless we are provided with more beds and facilities to treat the ever increasing numbers of patients our waiting lists for operation cases will become more and more unmanageable.
>
> JOHN ROBERTS."

HANDICAPPED PUPILS

Much work remains to be done before it can be stated with confidence that every handicapped pupil in the county is known to the authority. Some categories of handicapped pupils are easily recognised : the blind for instance, the severe epileptic or the seriously physically disabled. Others can only be accurately categorized after prolonged observation and painstaking examination. Such are the educationally subnormal, the delicate, the partially deaf, etc. The power conferred upon Local Education Authorities to require the parents to submit a child suspected of being handicapped to examination is a most valuable provision which should enable every such child to be brought to notice.

For blind, partially sighted, deaf and partially deaf children no difficulties have been experienced in obtaining vacancies in residential special schools when necessary. Difficulty is experienced, however, in making arrangements for the educationally subnormal and the delicate categories. Numerically these categories are large and accommodation is limited. Treborth Hall, near Bangor, when opened, will relieve to some extent the position respecting the educationally subnormal, but there is need for a residential special school for the delicate child. There are numerous children who would benefit by a six months' stay at such a school, and some who should have a more prolonged stay. The provision of a hospital special school is not a matter for the Local Education Authority alone—the Regional Hospital Board is also concerned—but the education authorities will need to bring this requirement to the notice of the Regional Hospital Board.

Increasing use was made during the year of the Child Guidance Clinic at Bangor, which is a valuable addition to our therapeutic armamentarium. Unfortunately, child guidance therapy is not usually complete in a visit or two to the clinic. Regular and frequent attendance over a period of months is usually required. A clinic at Bangor is not therefore ideally suited to the needs of Anglesey as a whole. Furthermore, child guidance is not a form of therapy conducted entirely on clinic premises. On the contrary, to be fully effective, it needs the detailed attention of a trained social worker in the home

and the school. We cannot claim that we provide this "extra mural" attention at present.

HANDICAPPED PUPILS

Category	Number notified during the year	No. on the register of H.P.s at 31.12.48
Blind	—	—
Partially sighted	—	1
Deaf	—	1
Partially deaf	1	1
Delicate	3	3
Diabetic	—	—
Educationally Sub-normal	1	1
Epileptic	—	1
Maladjusted	—	—
Physically Handicapped	3	7

Number of Cases dealt with during the year under the Education Act, 1944

Section 57 (3) 2

Section 57 (5) 3

DENTAL SERVICE

In many counties the advent of the National Health Service has had disastrous effects on the staffing of the public dental service. Anglesey has been fortunate in this respect. The school dental service inasmuch as it prevents dental disease by the early correction of faults is a most valuable form of insurance, and it is regrettable that the attractions of private practice should have been allowed to deplete the preventive side of dentistry.

Details of the work done by the two dental officers are shown at the end of the report in Table IV. As usual dental defects were found to be common, 80 per cent. of the children inspected being in need of treatment. It is satisfactory to record that in the majority of cases parents recognised the desirability of treatment being obtained and gave their consent to its being carried out. It is not so satisfactory, however, to have to report that more than twice as many teeth were extracted as were conserved by fillings. It must be appreciated, though, that four out of every five extracted were deciduous teeth, while the permanent teeth extracted represent not only those which were septic or beyond conservation, but also those removed for orthodontic reasons. On this point Dr. Catherine Rolant Thomas reports :—

"Requests for 'no fillings' are still made, usually by parents whose children are most lacking in oral cleanliness and personal

hygiene. Failure to clean teeth even once daily, lack of toothbrushes and cleaning material, avoidance of crisp cleansing food—these all are largely responsible for the dental caries and stagnation gingivitis found amongst the school children. Advice and instruction is given, but progress is held back by apathy."

School dental work in the county, as the Committee is aware, is conducted under difficulty. In this respect our arrangements may not differ markedly from those obtaining in most rural counties. Accommodation is rarely suitable nor conducive to the highest standards of dental work. It is hoped that improvement can be effected in this direction in the near future. Meanwhile, it is a pleasure to acknowledge the help so readily given by the teachers. The advent of the dentist means a minor upheaval in the smaller schools and an upheaval which may continue for some considerable time. I would wish the teaching staffs to know that their unfailing co-operation is greatly appreciated by the dental officers and myself.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1948

LOCAL EDUCATION AUTHORITY: ANGLESEY

TABLE I.

Medical inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A. Periodic Medical Inspections.

Number of inspections in the prescribed groups:

Entrants	968
Second Age Group	646
Third Age Group	390
Total	2004
Number of other periodic inspections	—
Grand Total	2004

B. Other Inspections.

Number of special inspections	477
Number of re-inspections	1436
Total	1913

C. Pupils found to require treatment.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and infestation with vermin).

Group	For defective vision (excluding squint)	For any other conditions recorded in Table II.A.	Total individual pupils
Entrants	15	142	157
Second Age Group	52	137	182
Third Age Group	41	61	96
Total (prescribed groups)	108	340	435
Other periodic inspections	—	—	—
Grand Total	108	340	435

TABLE II.

A. Return of defects found by Medical Inspection in the year ended 31st December, 1948.

Defect Code No.	Defect or Disease	Periodic Inspections		Spec. Inspections	
		No. of Defects		*No. of Defects*	
		Requiring treatment	Requiring to be kept under obs. but not requiring treatment	Requiring treatment	Requiring to be kept under obs. but not requiring treatment
4	Skin	20	18	3	5
5	Eyes : a. Vision	185	37	36	1
	b. Squint	58	19	9	—
	c. Other	27	11	6	2
6	Ears : a. Hearing	13	4	2	—
	b. Otitis Media ...	16	6	3	—
	c. Other	6	1	6	1
7	Nose or Throat	366	155	68	10
8	Speech	3	4	1	—
9	Cervical Glands	99	34	16	4
10	Heart and Circulation	1	68	—	8
11	Lungs	16	49	—	7
12	Developmental :				
	a. Hernia	6	6	—	—
	b. Other	3	7	—	—
13	Orthopaedic :				
	a. Posture	42	4	3	—
	b. Flat Foot	84	7	9	—
	c. Other	30	18	6	1
14	Nervous System :				
	a. Epilepsy	1	3	—	—
	b. Other	—	4	—	1
15	Psychological :				
	a. Development	4	26	1	4
	b. Stability	3	38	2	4
16	Other	253	284	23	14

TABLE II. (Continued).

B. Classification of the General Condition of Pupils inspected during the year in age groups.

Age Groups	No. of pupils inspected	A.		B.		C.	
		No.	(Good) % of Col. 2	No.	(Fair) % of col. 2	No.	(Poor) % of Col 2
1	2	3	4	5	6	7	8
Entrants	968	29	2.99	901	93.07	38	3.93
2nd Age Grp. .	646	74	11.45	480	74.30	92	14.24
3rd Age Grp. .	390	122	31.28	227	58.20	41	10.51
Other periodic Inspections..	—	—	—	—	—	—	—
Total ...	2004	225	11.23	1608	80.24	171	8.53

TABLE III.

TREATMENT TABLES

Group I.—Minor Ailments (excluding Uncleanliness for which see Table V.) :

(a)	*Number of defects treated or under treatment during the year*
Skin :	
Ringworm—Scalp	
i. X-ray treatment	—
ii. Other treatment	—
Ringworm—body	—
Scabies	6
Impetigo	10
Other skin diseases	430
Eye Disease :	
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	76

	Number of defects treated or under treatment during the year
Ear defects :	
(Treatment for serious diseases of the ear).....	1
Miscellaneous (minor injuries, bruises, sores, chilblains, etc.)	1111
Total	1634
(b) Total number of attendances at Authority's minor ailments clinics	6961

Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I)

	No. of defects dealt with
Errors of refraction (including squint)	438
Other defect or disease of the eyes.....	92
Total	530
No. of pupils for whom spectacles were (a) prescribed	412
(b) obtained	311

Group III.—Treatment of Defects of Nose and Throat :

	Total No. treated
Received operative treatment :	
(a) for adenoids and chronic tonsillitis	135
(b) for other nose and throat conditions	6
Received other forms of treatment.....	62
	203

Group IV.—Orthopaedic and Postural Defects :

(a) No. treated as in-patients in hospitals or hospital schools	11
(b) No. treated otherwise, e.g., in clinics or out-patient departments	508

Group V.—Child Guidance Treatment and Speech Therapy :

No. of pupils treated :	
(a) under Child Guidance arrangements	15
(b) under Speech Therapy arrangements	—

Table IV.—Dental Inspection and Treatment :

1.	*Number of pupils inspected by the Authority's Dental Officers* :	
	(a) Periodic age groups	5018
	(b) Specials	—
	(c) Total (Periodic and Specials)	5018
2.	*Number found to require treatment*	4084
3.	*Number actually treated*	3839
4.	*Attendances made by pupils for treatment*	4081
5.	Half days devoted to : (a) Inspection	92
	(b) Treatment	660
	Total : (a) and (b)	752
6.	*Fillings* : Permanent Teeth	1903
	Temporary Teeth	428
	Total	2331
7.	Extractions : Permanent Teeth	1049
	Temporary Teeth	4191
	Total	5240
8.	Administration of general anaesthetics for extraction	—
9.	Other operations : (a) Permanent Teeth	721
	(b) Temporary Teeth	22
	Total : (a) and (b)	743

Table V.—Infestation with Vermin :

i.	Total number of examinations in the Schools by School Nurses or other authorized persons.....	67,860
ii.	Total number of individual pupils found to be infested	585
iii.	Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54 (2) Education Act, 1944).....	585
iv.	Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54 (3) Education Act, 1944).....	44